PRINTED: 12/20/2007 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) M A. BUI		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		344003	B. WIN	IG			C 8/2007
	OVIDER OR SUPPLIER		•	20	EET ADDRESS, CITY, STATE, ZIP CODE 01 STEVENS MILL ROAD COLDSBORO, NC 27530		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
A 290	MEASUREMENTS The hospital must me implementing actions improvement. This STANDARD is Based on review of famedical record review facility failed to meas Close Observation por Findings include: Review of facility poli effective 10-01-2005 "Purpose: To provide and intervening with padditional precautions safety of themselves review revealed "Clost the most restrictive led Designated staff men for keeping the patier times" Closed medical recompatient #2 revealed a to facility #1 on 3-08-schizophrenia. Revie placed on CO 1:1 (or 3-17-2007 for aggres Further review of progressions)	easure its success after aimed at performance aimed at performance and the performance are aimed at performance by: acility policy and procedure, and staff interviews, the ure for staff compliance with olicy. cy "Special Precautions" on 08-07-2007 revealed a mechanisms for monitoring patients that need special or ary measures to ensure the and/or others". Further see Observation (CO) - CO is evel of observation. The performance by: The perfo	A	290			10/8/07
ABORATORY	DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATUR	 E		TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		344003	B. WIN			08/08	8/2007
	OVIDER OR SUPPLIER			2	REET ADDRESS, CITY, STATE, ZIP CODE 101 STEVENS MILL ROAD GOLDSBORO, NC 27530		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDERICIENCY)	.D BE	(X5) COMPLETION DATE
A 290	during the night. Pt u on his feet" Review 3-27-2007 at 0745 re (left) knee pain, assess both feet Yell when the Review of progress in by the physician reversature" Review retransferred to facility is fractured hip and was 4-01-2007. Review of 4-15-2007 at 1145 by "Staff was sitting CO observation) (with) cliff was requested cup of water unsupervised for 'lessinto nurses' station as found by staff lying or Further review of programment of the while on 1:1" The from the facility #1 on Interview with a social 1555 revealed the programment of the wordered for CO. Interview of the therapeutic mall. Supervisor staff obsert or monitor the patient or visual sight of the programment of the programment of the patient or visual sight of the programment of the patient or visual sight of the programment of the patient or visual sight of the programment of the patient or visual sight of the programment of the patient or visual sight of the programment of the patient or visual sight of the programment of the patient or visual sight of the programment of the patient or visual sight of the programment of the patient or visual sight of the programment of the patient or visual sight of the programment of the patient or visual sight of the programment of the patient of the programment of the patient or visual sight of the programment of the programm	slept only 2 hrs (hours) p walking the floor, unsteady of progress notes on vealed "Pt complain of Lt ss pt, pt would not stand on his nurse touch pt". otes on 3-27-2007 at 1130 aled "Pt has Lt hip evealed the patient was #2 for surgical repair of the s readmitted to facility #1 on of progress notes on of nursing staff revealed 1:1 (one to one close ent in client 's bedroom sitting in Geri chair. Client er to drink, staff left client es than two minutes 'to go and get the waterwas on bedroom floor on back." gress notes on 4-27-2007 at orker revealed "Call was report the investigation of the patient) was left alone patient was discharged of 6-19-2007. All worker on 8-07-2007 at orgress note entered on ording the client being left as while the client was oview revealed the incident of while the patient was in Interview revealed nursing oved the employee assigned was not within arms length	A	290			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		344003	B. WING		ı	C 8/2007
	ROVIDER OR SUPPLIER		201	ET ADDRESS, CITY, STATE, ZIP CODE STEVENS MILL ROAD ILDSBORO, NC 27530		0/2001
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
A 395	incidents of patient # on CO, 4-15-2007 at 1340, were investigated and patient advocate facility's investigation staff did not follow far policy for CO. Intervia a history of an increa prior months related while on CO. Furthe investigation determitimprovement in police education. Further in education and oversity compliance was deless upervisor staff in the revealed administration provide documentation compliance with CO. Interview with nursing 8-08-2007 at 1330 far monitoring for staff compliance with co	vealed the documented 2 being left unattended while 1145 and 4-27-2007 at ted by the nurse manager. Interview revealed the determined the involved cility "Special Precautions" ew revealed the facility had see in patient incidents in the to being left unattended in interview revealed the ned opportunities for y clarification and staff of the terview revealed staff ght for monitoring gated to the nursing expast month. Interview we staff were unable to on of monitoring of staff 1:1. It is supervisor staff on the illed to reveal knowledge of compliance with CO 1:1. Deervision of NURSING was supervise and evaluate each patient.	A 290			10/17/07

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUIL		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
	344003	B. WIN	IG _			C 8/2007
NAME OF PROVIDER OR SUPPLIER CHERRY HOSPITAL			2	REET ADDRESS, CITY, STATE, ZIP CODE 201 STEVENS MILL ROAD GOLDSBORO, NC 27530	1 00/0	0/2001
PREFIX (EACH DEFICIENCY MUS	ENT OF DEFICIENCIES BT BE PRECEDED BY FULL DENTIFYING INFORMATION)	PREFIX (EACH CORRECTIVE ACTION S		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
A 395 Continued From page 3 interviews, the facility failed 1. notify a physician of ar patient 's condition for 1 of (#2); 2. monitor a patient for far observation (CO) for 1 of and, 3. complete a falls risk as records reviewed (#2, #3) Findings include: 1. notify a physician of ar patient 's condition for 1 of (#2) Review of facility policy "I Reports" effective 11-01-revealed "Unknown Injurity evidence of injury or verbar where source or contribute Further review revealed identifying an incident/accord appropriate health care proving immediately." Review of progress notes 3-27-2007 at 0745 revealed (left) knee pain, assess pto both feet Yell when this in Review of progress notes by the physician revealed fracture" Closed medical record record record medical record record record medical record record record medical record record record medical record record medical record record record medical record re	a acute change in a of 5 records reviewed Ills while on constant 5 records reviewed (#2); seessment for 2 of 5 acute change in a of 5 records reviewed Incident/Accident 2003 on 8-08-2007 es - Any physical al complaint of injury ing cause in unknown" . Staff members cident shallalert the rofessionals by nursing staff on ed "Pt complain of Lt to pt would not stand on nurse touch pt". on 3-27-2007 at 1130 "Pt has Lt hip	A	395			

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NAME OF PF	ROVIDER OR SUPPLIER	344003		STF	REET ADDRESS, CITY, STATE, ZIP CODE	08/08	8/2007
CHERRY	HOSPITAL			2	201 STEVENS MILL ROAD GOLDSBORO, NC 27530		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION DATE
A 395	placed on CO 1:1 (on observation) 3-17-200 other patients. Furthed dated 3-27-2007 at 00 remain CO 1:1 for said 2 hrs (hours) during till floor, unsteady on his progress notes by nurat 0745 (one hour and "Pt complain of Lt (lef would not stand on bot ouch ptPt would not legPt yelling, very locall." Further review physician 's assistant revealed "Assessmant plant x-ray hipIncremouth) q 8h (every eight progress notes by the at 1130 revealed "Pt fracture" Review of 3-27-2007 at 1200 re 11(pm) - 7(am) nursing (morning) that pt c/o (When coming on un the complete of the left knee pain was aromorning change of should be said to the complete of the left knee pain was aromorning change of should be said to the left knee	2007 for paranoid ew revealed the patient was the to one constant 07 for aggresion toward er review of progress notes 635 revealed "Pt (patient) fety precaution. Pt slept only the night. Pt up walking the feet" Further review of trising staff dated 3-27-2007 d 10 minutes later) revealed ft) knee pain. Assess pt. Pt oth feet, yell when this nurse of put any wait down on Lt tryperactive. Placed on sick of of progress notes by the t dated 3-27-2007 at 0900 thent - r/o (rule out) fracture, ase Motrin to 800mg po(by ght hours). " Review of e physician dated 3-27-2007 (patient) has (left) hip of progress notes on vealed "Was reported by the giving report this am (complained of) Lt knee pain this nurse assess pt at view of progress notes dated vealed "Pt transferred to gency room) via t Nurse Manager on vealed the Manager	A	395			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL	JLTIPLE CONSTRUCTION	, , ,	(X3) DATE SURVEY COMPLETED	
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NAME OF PF	ROVIDER OR SUPPLIER	344003		STREET ADDRESS, CITY, STATE, ZIP COD	•	08/2007	
CHERRY	HOSPITAL			201 STEVENS MILL ROAD GOLDSBORO, NC 27530			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE LE APPROPRIATE	(X5) COMPLETION DATE	
A 395	off-going nurse report pain to the on-coming Interview failed to revidocumented the patie in the medical record failed to reveal the off change in patient's control of the patient at 0745 (at after the initial report patient could not bear would yell when touch confirmed the nurse patient care issues to rounds. Interview fail immediately notified to in patient's condition. Interview with a nursi at 1330 revealed a papain, acute change in inability to bear weigh acute change in inability to bear weigh acute change in inability to bear weigh acute change in a patient's condition. 2. ensure constant of for a high risk falls pareviewed (#2) Review of facility policeffective 10-01-2005 "Purpose: To provide and intervening with padditional precautions."	ted the patient's complaint of a nurse during shift report. eal the off-going RN ent's report of left knee pain Interview furthermore f-going nurse reported the andition to the physician. The con-coming RN assessed approximately 55 minutes of pain) and found the aweight on the left leg and the above the nurse. Interview placed the patient's name on a revealed the "sick call" is a assistant to reference for any consider during routine and to reveal the RN the physician of the change the physician of the change are supervisor on 8-08-2007 attent report of increased ability to ambulate, and the would be considered an itent's condition. Further	A	395			

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	ROVIDER OR SUPPLIER		20	EET ADDRESS, CITY, STATE, ZIP CODE 1 STEVENS MILL ROAD OLDSBORO, NC 27530		30.200.	
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A 395	review revealed "Clo the most restrictive le Designated staff men for keeping the patier times" Closed medical recor patient #2 revealed a to facility #1 on 3-08- schizophrenia. Revie found to have a fract 3-27-2007 while on Or revealed the patient of for surgical repair of to readmitted to facility a progress notes on 4- staff revealed "Staff one close observation bedroom #208 while chair. Client requeste left client unsupervise minutes' to go into no waterwas found by on back.". Further re 4-27-2007 at 1340 by "Call was placed to (s investigation of an ind was left alone while of discharged from the for Interview with a social 1555 revealed the pre 4-27-2007 at 1340 re alone while on 1:1 was ordered for CO monit the incident occurred patient was in the the revealed nursing sup	see Observation (CO) - CO is evel of observation. The servel of observation. The ser	A 395				

T '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		344003	B. WING		08	3/08/2007
NAME OF PROV	VIDER OR SUPPLIER		201	ET ADDRESS, CITY, STATE, ZIP COD STEVENS MILL ROAD DLDSBORO, NC 27530	-	
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VIII 8 iii Co 4 iii F iii F F F F F F F F F F F F F F	nterview with nursing 3-08-2007 at 1015 revocidents of patient #2 on CO monitoring, 4-4-27-2007 at 1340, who have manager and prevealed the investigative process of the investigative process	yisual sight of the patient. g administrative staff on yealed the documented being left unattended while 15-2007 at 1145 and ere investigated by the atient advocate. Interview ation determined the follow facility "Special or CO. Sk assessment for 2 of 5, #3) Ils Precautions" effective 2007 revealed "Nursing gistered Nurses are sing fall risk upon admission Fall Risk Assessment Tool." cord review on 08-07-2007 d a 60 year old male on 3-08-2007 for paranoid ew of document "Nursing to completed by a to 1 sthe patient taking any of ions/categoriesDrugs that intestinal) motility" checked to alter thought process insive effect (i.e. narcotics,	A 395			

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	ROVIDER OR SUPPLIER		·	2	REET ADDRESS, CITY, STATE, ZIP CODE 201 STEVENS MILL ROAD GOLDSBORO, NC 27530		
(X4) ID PREFIX TAG			1	ID PROVIDER'S PLAN OF CO PREFIX (EACH CORRECTIVE ACTION TAG CROSS-REFERENCED TO THE DEFICIENCY)		JLD BE	(X5) COMPLETION DATE
A 395	revealed an order for 5mg(milligrams) po(b morning), Dilantin (ar (at bedtime), and Lac 30ml (milliliters) po qi Interview with nurse is 8-07-2007 at 1430 re Risk Assessment is Fall Risk Assessmen the RN completing the failed to consider the patient on the admission medication been considered a fainitiated. Interview of follow facility policy or Risk Assessment Too documentation the patient on the patient on the patient on the patient on the admission medication been considered a fainitiated. Interview of follow facility policy or Risk Assessment Too documentation the patient on admission medical rerevealed a 57 year of facility 3-09-2007 for Review of the record Risk Assessment Too completed. Interview with nurse is 8-07-2007 at 1430 re Risk Assessment is Fall Risk Assessment is Fall Risk Assessment the admitting RN failed completion of the Heist Risk Assessment the admitting RN failed completion of the Heist Risk Assessment the admitting RN failed completion of the Heist Risk Assessment the admitting RN failed completion of the Heist Risk Assessment the admitting RN failed completion of the Heist Risk Assessment the admitting RN failed completion of the Heist Risk Risk Risk Risk Risk Risk Risk Risk	lated 3-07-2007 at 0845 Norvasc (anti-hypertensive) y mouth) qam (every ati-convulsant) 150mg qhs atulose (increases GI motility) his (at bedtime). Imanagement staff on vealed the "Hendrich Fall completed on the "Nursing at tool". Interview confirmed the falls risk assessment medications ordered for the sion orders. Interview dering the patient's his the patient would have alls risk and falls precautions onfirmed nursing staff did not an completion of the Falls bit. Interview failed to reveal atient was placed on falls asion to the facility. Accord review for patient #3 d male admitted to the Paranoid Schizophrenia. Arevealed a "Nursing Fall bil" which was not	A	395			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED						
		344003					C 8/2007
	ROVIDER OR SUPPLIER		·	201 8	T ADDRESS, CITY, STATE, ZIP CODE STEVENS MILL ROAD DSBORO, NC 27530		0/2001
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A 395	Continued From pag		А	395			
A 396	of the Hendrich Falls 482.23(b)(4) NURSII		A	396			10/17/07
	-	sure that the nursing staff current, a nursing care plan					
	Based on review of f procedures, medical interview, the facility incorporate falls risk plan for 1 of 5 record Review of facility pol effective 11-27-2007 "Interdisciplinary Tre Responsibilitiesint	record reviews, and staff s nursing staff failed to into the patient treatment is reviewed (#4). icy "Falls Precautions" on 8-08-2007 revealed					
	revealed a 67 year of facility on 8-06-2007 Review of document Assessment" dated completed by a Regi "Are Fall Precautions. Review of the Nurs 8-07-2007 revealed - 'Fall Precaution'". Risk section of the Nurs "Consider for NCP (Iblank.	8-07-2007 at 0825 and stered Nurse (RN) revealed indicated?" checked "yes" sing Assessment dated "Risk Assessment - Fall Risk Further review of the Fall ursing Assessment revealed Nursing Care Plan)" to be left					
	Interview with admin	istrative staff on 8-08-2007 at					

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		344003	B. WIN	<u> </u>		08/0	8/2007
	OVIDER OR SUPPLIER			20	EET ADDRESS, CITY, STATE, ZIP CODE D1 STEVENS MILL ROAD OLDSBORO, NC 27530		
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A 724	should have intervent treatment plan. Interventions in the treconfirmed the admitting policy in documenting interventions on the treatment plan. 482.41(c)(2) FACILIT EQUIPMENT MAINT	ts on falls precautions tions documented on the view confirmed the admitting at falls precaution teatment plan. Interview ag RN did not follow facility a falls precaution reatment plan. Interview ar documentation of falls corporated into the patient 's		724			10/17/07
	Based on observation patient nourishment rand staff interviews, to the ensure that medic maintained according medication refrigerated. 2. ensure that patien maintained according	ation supplies were to facility policy for 1 of 2					

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		344003	B. WIN	G			8/2007	
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A 724	were labeled and mare recommendations. Findings include: 1. ensure that medic maintained according medication refrigerat Observations during psychiatric unit medication refrigerat value log for description of the prior to day of tour force temperature log not describe to day of tour force temperature log not describe to day of tour force temperature log not describe to day of tour force temperature log not describe to day of tour force temperature log not describe to day of tour force temperature log not describe to day of tour force temperature log not describe to day of tour force temperature log not describe to day of tour force temperature log not describe the day of tour force temperature log not describe the day of the maintained in the maintained according patient nourishment i	tilized for patient therapies intained per manufacturer 's sation supplies were g to facility policy for 1 of 2 ors observed. tour of the U2 adult cation room on 8-08-2007 at edication refrigerator lates 8-05-2007 and olank (two of seven days or the "August" refrigerator checked). Further tour revealed staff food items redication refrigerator. istrative staff during tour policy for medication is to log the temperatures immed staff did not follow ing daily medication Interview further confirmed traff food items are not to be refrigerators. Interview of follow facility policy on no to be stored in medication at nourishment supplies were g to facility policy for 2 of 3 refrigerators observed.	A	724				
		tour of the U2 adult st on 8-08-2007 at 1145 nourishment refrigerator						

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		344003	B. WING			C 08/08/2007		
NAME OF PROVIDER OR SUPPLIER CHERRY HOSPITAL			'	STREET ADDRESS, CITY, STATE, ZIP CODE 201 STEVENS MILL ROAD GOLDSBORO, NC 27530				
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A 724	refrigerator temperatinourishment temperations 33-40 degrees Fahreduring tour revealed in the patient nourish. Interview with adminiconfirmed the facility nourishment refrigeratemperatures daily. Inot follow facility polinourishment refrigerations confirmed the facility not to be stored in parefrigerators. Intervie follow facility policy of the stored in patient in the stored in the	ates 8-04-2007 and blank. Observation of the ure log revealed patient ature should be maintained at inheit. Further observations staff food items being stored ment refrigerator. strative staff during tour policy for patient attor checks is to log the interview confirmed staff did by on logging daily patient attor checks. Interview further policy is staff food items are tient nourishment ew confirmed staff did not in no staff food items are to ourishment refrigerators. Itour of the U2 adult at on 8-08-2007 at 1220 inourishment refrigerator ates 8-04-2007, 8-05-2007, 2007 were left blank (four of ay of tour for the "August" ure log not checked). In during tour revealed the ator temperature at the time at 53 degrees Fahrenheit. In frigerator temperature log ishment temperature should 40 degrees Fahrenheit. In during tour of the U2 adult at on 8-08-2007 at 1220 in the log stored in the	A	724				

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A 724	confirmed the facility ranges for nourishmee - 40 degrees Fahrenh confirmed facility policy of temperatures out of the current nourishmed was out of range per revealed the nourishmen observation. Interview order had not been surefrigerator. Interview follow facility policy of an out of range refrigeratories food items are nourishment refrigeras staff did not follow facilities are to be stored refrigerators. 3. ensure supplies under were labeled and main recommendations. Observations during the psychiatric unit treatment to be in the troop open medicine cup and being stored in an opunlabeled, and a clear unlabeled approximate bottle. Further observant of rirrigation.	policy for temperature nt refrigerators checks is 33 neit. Interview further cy is to notify maintenance of range. Interview revealed ent refrigerator temperature facility policy. Interview nent refrigerator was in use nourishment items at time of w further confirmed a work ubmitted for repair of the w confirmed staff did not n notifying maintenance for erator temperature. Interview confirmed tors. Interview confirmed cility policy on no staff food in patient nourishment illized for patient therapies nour of the U2 adult nent room on 8-08-2007 at lowing items being stored on eatment room: a clear fluid en medicine cup and wn fluid being stored in an ind unlabeled, a clear gel en medicine cup and r fluid being stored in an itely 16 ounce clear plastic vations during tour revealed of 0.9% Normal Saline	A 724				

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			A. BUILDING				
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	ROVIDER OR SUPPLIER		201	T ADDRESS, CITY, STATE, ZIP CODE STEVENS MILL ROAD LDSBORO, NC 27530		30.200.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	REFIX (EACH CORRECTIVE ACTION SHOULD B		(X5) COMPLETION DATE	
A 724	". Observations duri was receiving treatmed. Interview with administrevealed items on top utilized for patient treconfirmed facility policabeled with contents with a single patient to confirmed staff did not labeling of containers single patient treatmer revealed the containers solution for irrigation have been discarded. Observation during to psychiatric unit medical 1215 revealed an open Normal Saline solution on a shelf above the Observation of the codiscard after single us the irrigation solution tour.	ang tour revealed no patient ent at the time of tour. Strative staff during tour of the counter top are atments. Interview cy is for all containers to be or discard items after use reatment. Interview of follow facility policy on or discarding items after ent. Interview further er of 0.9% normal saline was opened and should after use. Our of the U2 adult cation room on 8-08-2007 at ened container of 0.9% on for irrigation being stored medication preparation area. Ontainer label revealed "see". Observation revealed was not in use at the time of extrative staff during tour er of 0.9% normal saline was opened and should	A 724				